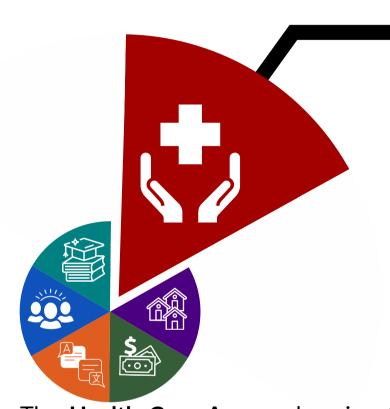
HEALTH CARE SYSTEM

HEALTH CARE SYSTEM

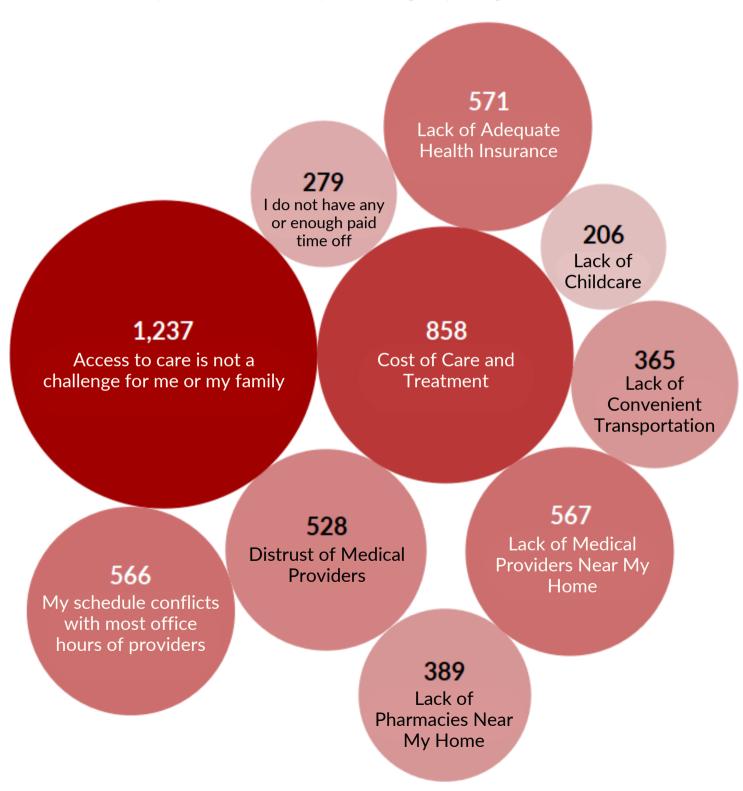


- Access to Health Care
- Access to Primary Care & Trusted Providers
- Quality of Care
- Health Literacy
- Availability of Health Care
- Cultural & Linguistic
 Competency
- Trauma Informed Care

The Health Care Access domain of the SDOH deals with access to and quality of health care. This includes the ability to readily see a doctor, the affordability of health care in an individual's area, and the ability or inability to obtain health insurance through an employer. The following section discusses survey questions associated with the health care system compared by demographics, social circumstances, and other factors. Health care and health care access were one of the main focuses in the focus groups conducted throughout 2023. Excerpts from and discussion of these focus group responses are also explored in this section.

HEALTH CARE CHALLENGES

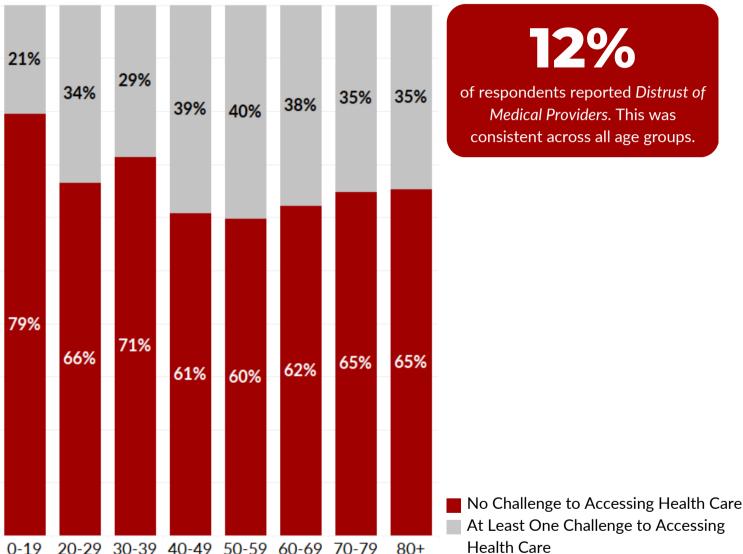
Respondents were asked, "Which of the following are challenges to accessing health care for you and your family?" Total responses are shown below. The most common response was Access to care is not a challenge for me or my family, followed by Cost of Care and Treatment. The following section will explore how the order and prevalence of these responses change depending on other factors.



HEALTH CARE CHALLENGES

Older respondents were more likely to indicate *No Challenges to Accessing Health Care*. Most challenges were consistent across ages. Respondents under the age of 60 were more likely to indicate a *Conflicting Schedule* as a challenge to accessing health care and less likely to indicate a *Lack of Medical Providers Near My Home* as a challenge to accessing health care.





Respondents over the age of 50 were markedly less likely to report At Least One Challenge to Accessing Health Care than those under the age of 40. Respondents in older age brackets tended to indicate higher rates of challenges like Cost of Care and Treatment and availability concerns such as Lack of Medical Providers Near My Home and Lack of Pharmacies Near My Home. Younger demographics indicated Lack of Paid Time Off and Lack of Childcare as concerns, as well as a Conflicting Schedule with medical providers.

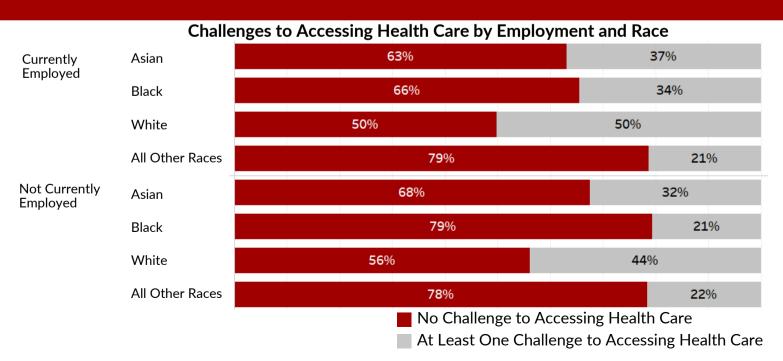
HEALTH CARE CHALLENGES

Responses to the question "Do you experience any of the following challenges to accessing health care?" were compared by employment status and race. There were many options respondents could choose from when selecting challenges. Below are the five with the largest differences in rate between those who were employed and those who were not. Cells with higher percentages are darker in color and those with lower percentages are lower.

Challenges to Accessing Health Care by Employment

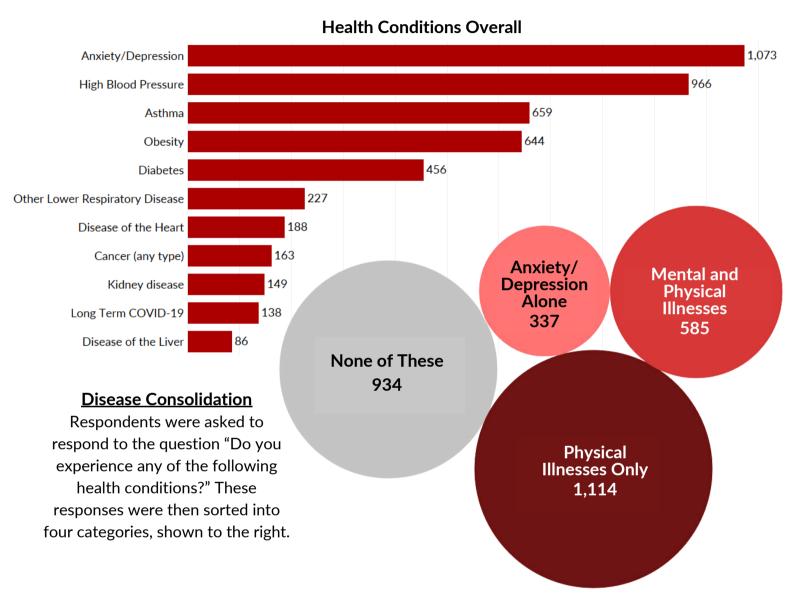
Not Currently Currently Employed Employed My schedule conflicts with most 4% 18% office hours of medical providers Distrust of Medical Providers 11% 14% Lack of Medical Providers Near My 16% 12% Home I do not have any or enough 9% 2% paid time off 6% 14% **Lack of Convenient Transportation**

Among respondents who indicated at least one challenge to accessing health care, the largest differences between those employed and those not employed were in *Lack of Convenient Transportation* (8%) and *My schedule conflicts with most office hours of medical providers* (13%).



HEALTH CONDITIONS

Respondents were asked "Do you experience any of the following health conditions?" and were given the opportunity to select some, all, or none of the responses. Responses other than Anxiety/Depression were categorized into the aggregate category Physical Illnesses and were then compared to responses including Anxiety/Depression Alone and responses that included both Mental and Physical Illnesses.



The highest single occurrence of health conditions was Anxiety/Depression followed by High Blood Pressure.

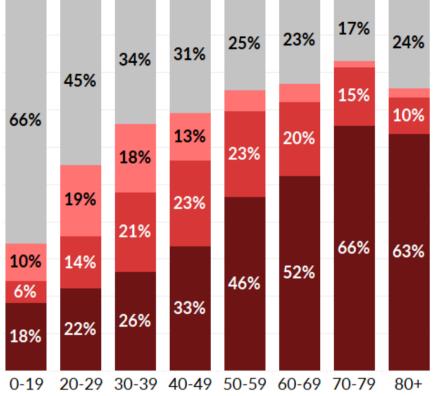
1 out of 3

responses included Anxiety/Depression.

HEALTH CONDITIONS

Aggregated responses to "Do you experience any of the following health conditions?" were compared by other additional factors. Below are these health condition categories compared by age and by race.





Age and Mental Illness

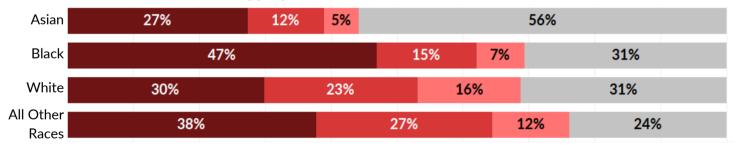
Respondents over the age of 60 were far less likely to indicate that they experience *Anxiety/Depression* at only **22%**, compared to **34%** of all other age groups.

Younger respondents were much more likely to indicate that they experience *Asthma* and *Anxiety/Depression*, while older respondents were more likely to indicate that they experience *High Blood Pressure* and *Diabetes*.

None of TheseAnxiety/Depression AloneMental and Physical Illnesses

Physical Illnesses Only

Aggregated Health Conditions by Race



Health Conditions and Other Responses

Respondents from some racial groups not included in the figure above had notable rates of health conditions. For example, Pacific Islander or Hawaii Native respondents and respondents who selected More Than One Race were the least likely to report *None of These* health conditions at 19% and 20% respectively.

73%

of respondents who indicated Trans, Nonbinary, and All Other Genders reported *Anxiety/Depression*, markedly higher than those who indicated Man alone (22%) and Woman alone (34%).

ACCESSING HEALTH CARE

Respondents were asked "Do you experience any of the following challenged to accessing health care?" Straight/Heterosexual respondents were more likely to respond that Access to care is not a challenge for me or my family when compared to LGBQ+ respondents. This difference is by **25% to 12%.**

Accessing Health Care by 6	Man	Woman	All Other Genders
Access to care is not a challenge for me or my family	18%	25%	10%
Aggregate of Challenges	82%	75%	90%

Straight/Heterosexual respondents were <u>twice as likely</u> to indicate that accessing health care is not a challenge than LGBQ+ respondents.

LGBQ+ Straight/ Heterosexual 25% Access to care is not a challenge for me or my family Cost of care and treatment (with or without insurance) 11% 9% Distrust of Medical Providers

Accessing Health Care by Sexuality

Sexuality & Health Care Access

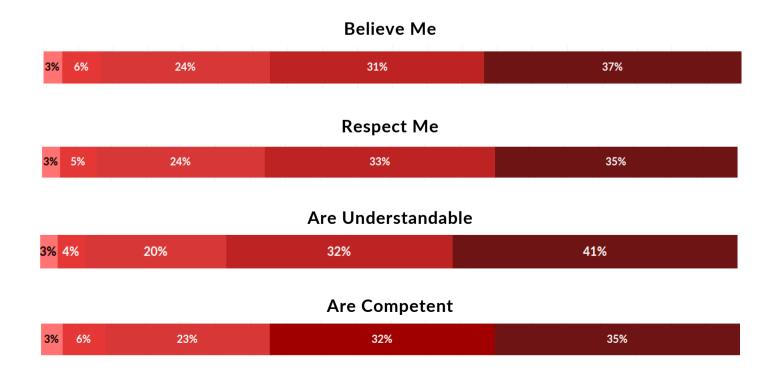
The largest differences in health care access between LGBQ+ respondents and Straight/Heterosexual respondents are in the categories *Cost of Care and Treatment*, where Straight/Heterosexual respondents were 3% <u>less</u> likely to appear, and *Lack of Pharmacies Near My Home*, where Straight/Heterosexual respondents were 2.5% <u>more</u> likely to appear.

TREATMENT BY PROVIDERS

Respondents were asked to respond to several questions relating to their treatment by health care professionals on a 5-point Likert scale ranging from *Never* to *Always*. The answers to these questions were converted into a 0-4 scale for comparison. In some cases, the responses have been abbreviated as shown below.

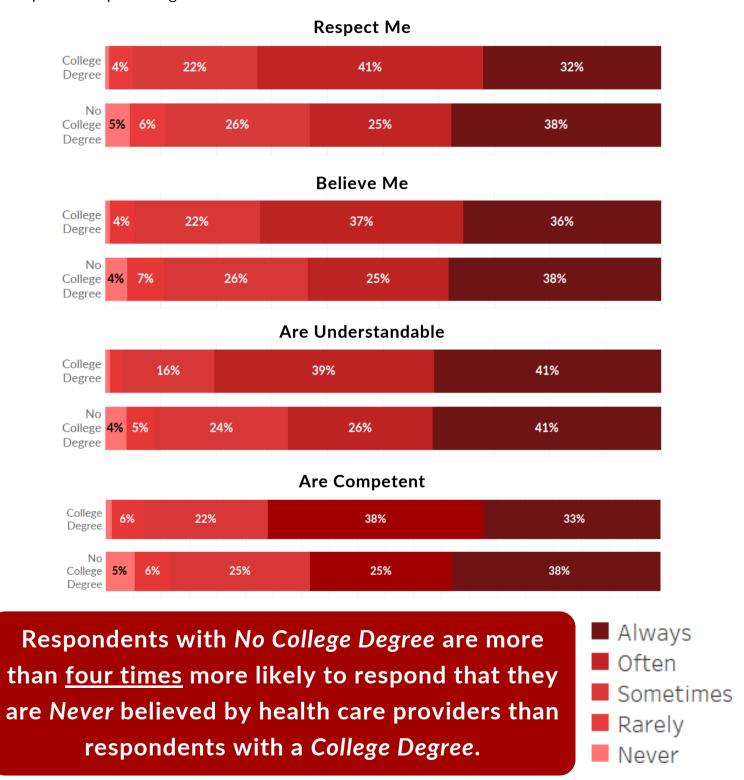


These four questions show similar results and are very strongly correlated with each other. Individuals who responded *Always* or *Often* to one of these three were much more likely to respond similarly to the other two.



TREATMENT BY PROVIDERS

The responses to these four questions were examined by education level, including by those who have a *College Degree* and those with *No College Degree*. Education appears to be correlated to responses about treatment by health care professionals, with those with a *College Degree* being much less likely to respond *Never* or *Rarely* to whether providers *Respect Me*, *Believe Me*, *Are Understandable*, and *Are Competent*. All percentages under 4% are not labeled.



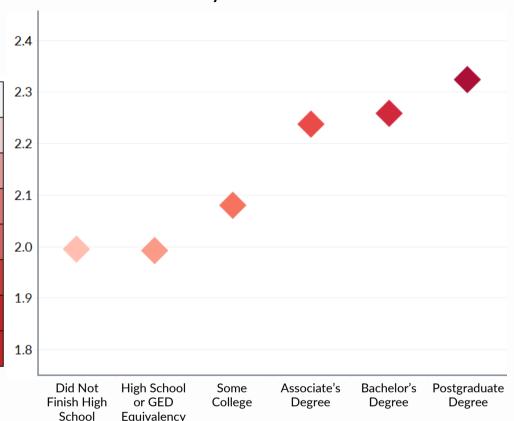
TREATMENT BY PROVIDERS

The responses to the four questions regarding treatment by providers were converted into a numerical scale and then averaged. The result is a measure of how well the respondents felt health care providers treated them. The results vary markedly by categories such as race, gender, and education. The total of the survey population as a whole had an average score of 2.1 out of a possible 4.0.

Treatment by Providers & Education



•	
Pacific Islander or Hawaii Native	1.6
American Indian or Alaska Native	1.7
More Than One Race	1.9
Black	2.0
Middle Eastern or North African	2.1
All Other Races	2.2
Asian	2.3
White	2.3



Treatment by Providers & Gender

Respondents of Trans, Nonbinary, and All Other Genders were overwhelmingly more likely to respond negatively in all four categories.

Man	2.1
Woman	2.2
All Other Genders	1.9

16%

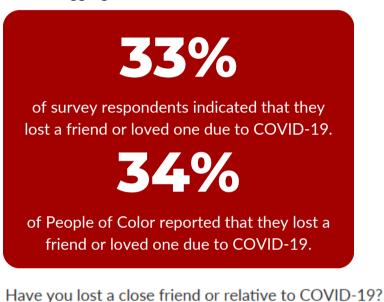
of respondents of Trans, Nonbinary, and All Other Genders felt they were always respected by providers compared with 35% of respondents who indicated a gender of Man or Woman. 18%

of respondents of Trans, Nonbinary, and All Other Genders felt they were always believed, compared with 35% and 37% of respondents who indicated a gender of Man or Woman.

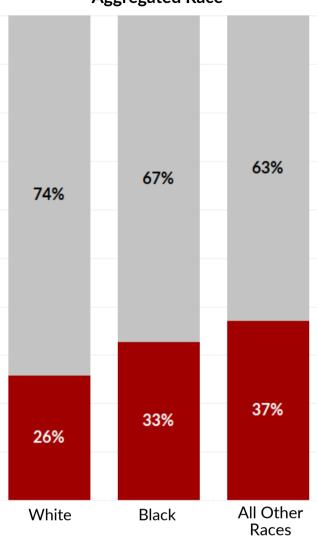
COVID-19

No

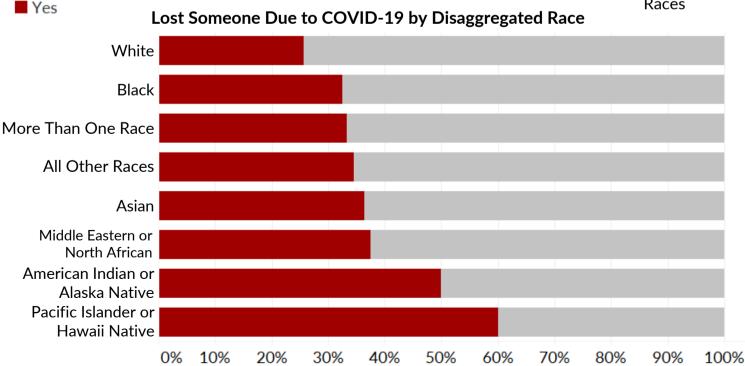
To examine the community impact of COVID-19 on Erie County, the survey included the question, "Have you lost a close friend or loved one due to COVID-19?" The graphics on this page show the responses to this question by race. The graphic to the right compares the responses of Black and White respondents compared to respondents of All Other Races. The graphic below shows all races disaggregated.



Lost Someone Due to COVID-19 by Aggregated Race



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COVID-19

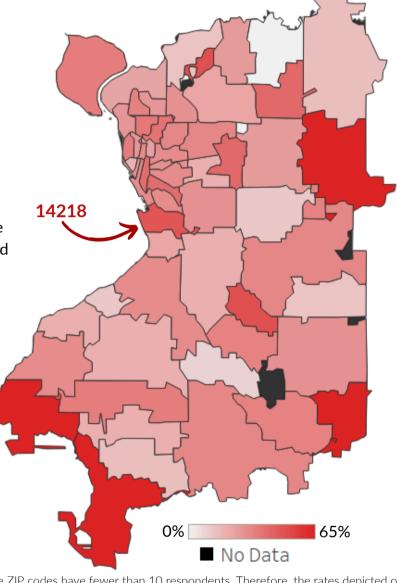
Respondents were asked, "Have you lost a friend or loved one due to COVID-19?" Percentages of respondents who indicated that a friend or loved one had died due to COVID-19 varied markedly across Erie County, suggesting that ZIP code was a meaningful factor in COVID-19 deaths.

14218

on the Lackawanna/Buffalo border was the urban area with the highest rate of respondents who lost loved ones due to COVID-19 at 46%.

Response Bias by ZIP Code

Respondents in several areas, including the ZIP codes 14081, 14070, 14030, 14032 and 14004, were extraordinarily more likely to indicate that they lost a loved one to COVID-19. This is likely due to the small sample size of respondents in those areas.



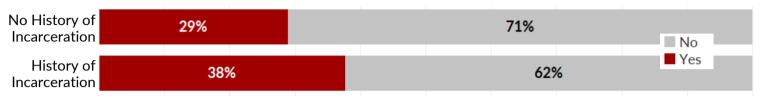
Some ZIP codes have fewer than 10 respondents. Therefore, the rates depicted on the map may not be representative of the community within these areas.

Within the City of Buffalo, the percentage of respondents who lost a close friend or loved one due to COVID-19 ranged from 14% (14201) to 38% (14210).

COVID-19

Several factors appear to be correlated to varying degrees with the question, "Have you lost a close friend or relative due to COVID-19?" These factors include education, incarceration, and gender, all appearing to have widely varying results. For example, below are respondents who have lost someone due to COVID-19 shown with whether that respondent has a *History of Incarceration*.

Lost Someone Due to COVID-19 by History of Incarceration



Respondents with a *History of Incarceration* are **13.3% more likely** to indicate that they have lost a friend or family member due to COVID-19.

Lost Someone Due to COVID-19 by Gender



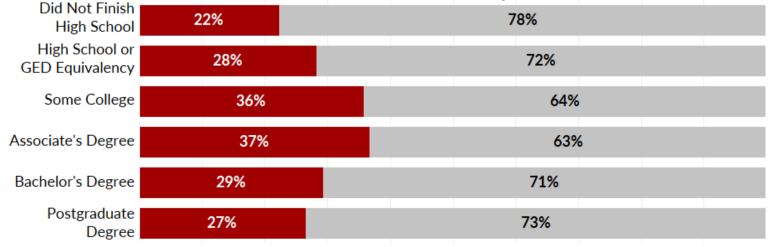
Incarceration as a Factor

9.3% of survey respondents indicated they had a *History of Incarceration*, totaling 281 counted responses. Of those, 12% have lost someone due to COVID-19, compared to 8% of respondents with *No History of Incarceration*.

COVID-19 and Gender

Respondents of Trans, Nonbinary, and All Other Genders were more likely to indicate that they have lost someone due to COVID-19.

Lost Someone Due to COVID-19 by Education



FOCUS GROUPS ON HEALTH CARE SYSTEM

The following are examples of sentiments throughout the focus groups that respondents expressed surrounding health care and health care access. Nearly every focus group expressed concerns related to health care and health care access, so most focus groups are represented here.

Cost of Health Care and Health Insurance

It was common for respondents to express frustration with the cost of health care and health insurance. This was one of the most prevalent themes throughout the focus groups.



"I got a friend. He was 44. He just died. He had a heart attack 2 weeks ago. He did not have health insurance, so he didn't go to the doctor. [...] [He had] a full time job, but not enough to afford the health insurance."

-Black East Side Residents Focus Group

Participants indicated that they or people they knew would stop going to health care providers entirely because of the high cost and difficulty in accessing quality health care. Equitable health care access was a challenge expressed across several focus groups.

"I've been looking for a good therapist. I try to find therapists. I'm not paying for therapists. Why I gotta pay for a therapist? It should be in the network. I got insurance. I have people that connected me to therapists but they're not in the network under my insurance. I'm like yo, alright, Imma do what I've been doing."

-Black Fathers Focus Group



FOCUS GROUPS ON HEALTH CARE SYSTEM

Access to Care

Frustration about lack of choice in health care provider was expressed. Participants indicated that they felt they were forced to choose between a small number of providers because of their location, income, or other socioeconomic factors.



"There's waitlists for everything. The primaries, the dentals. I just tried after looking for a dental office. They're no longer taking my child's insurance. My child is special needs. I can't find a pediatric dentist. [...] Took me since January to find one because the wait list for two and a half to three years long. That's crazy. That's unacceptable."

-Rural Caregivers Focus Group

Trust in Health Care Providers

Distrust of medical providers is a growing problem, and this was expressed in several of the focus groups. In some cases participants indicated that they were unhappy with the money-driven health care system as a whole and in some cases respondents indicated that they felt health care providers were unable or unwilling to treat people like them.

"Our health care is being provided in a non-inclusive way."

-LGBTQ+ Focus Group

